

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10410

State File No. 447

FILED DEC 5 1951

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 628 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminance</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminance</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Gant

4. DATE OF DEATH (Month) (Day) (Year) 11/22/51

5. SEX male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)

8. DATE OF BIRTH Jan 15 1875 9. AGE (In years last birthday) 76 # UNDER 1 YEAR Months # UNDER 24 HRS. Days Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pensioner

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Benj Gant 13b. MOTHER'S MAIDEN NAME Lary Parker 14. NAME OF HUSBAND OR WIFE Elizabeth Jane Gant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME Timan Gant ADDRESS Round Springs Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH Sudden

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -

DUE TO (b) chronic Myocarditis years

DUE TO (c) Diabetic Mell. years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260x _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Nov 22, 1951, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Print name) Richard F. Wilson D.D. 23b. ADDRESS Eminence Mo 23c. DATE SIGNED 11-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 11/24/51 24c. NAME OF CEMETERY OR CREMATORY Greeley Cem. 24d. LOCATION (City, town, or county) (State) Greeley Mo

DATE REC'D BY LOCAL REG. 11-29-51 REGISTRAR'S SIGNATURE Michel Chellier 447 25. FUNERAL DIRECTOR'S SIGNATURE Charles Spencer ADDRESS Dalton Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 4 - 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Charles Spencer

Licensed Embalmer No. *2370*

P. O. Address *Salina Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.